

Metro/Transit Pass Reimbursement Form

MONTH OF PARTICIPATION

CAMPUS WIDE ID (CWID) NUMBER

Please complete in ink.

FIRST NAME

LAST NAME

PRIMARY PHONE NUMBER

DEPARTING CITY

Program Regulations:

- Utilizing the chart below, indicate how you *arrived to campus*. Fill in the chart completely, no days should be left blank. A minimum of four days is required to meet program eligibility.
- Eligible non-permit holders receive 100% reimbursement of the monthly Metro monthly pass cost (max \$62)**
- Eligible permit holders receive 50% reimbursement of the monthly Metro monthly pass cost (max \$31)**
- Eligibility for reimbursement will be contingent upon use of OCTA buses for that month of reimbursement.
- You will receive your reimbursement check at your home within five weeks of submittal.
- Return this form by the 5th working day of the following month. **LATE FORMS WILL NOT BE ACCEPTED.**
- For complete policies and procedures visit: www.parking.fullerton.edu

Mode Chart

A) Compressed Work Day **B)** Bicycle **C)** Carpool~ Indicate the # of carpoolers in your carpool, e.g. C2, C3, ...
D) Drove Alone **E)** Telecommute **W)** Walk **VP)** Vanpool **P)** Public Transit (Bus) **S)** Sick Day **T)** Train **V)** Vacation
O) Other-Jury Duty, not scheduled to work, reported to another worksite, reported to work before 6:00 a.m. or after 10:00 a.m.

Example for tracking commuting days:

<input type="checkbox"/> 1	<input type="checkbox"/> P	<input type="checkbox"/> 2	<input type="checkbox"/> D	<input type="checkbox"/> 3	<input type="checkbox"/> P	<input type="checkbox"/> 4	<input type="checkbox"/> P
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Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please attach original pass to back of form for reimbursement

DAYS COMMUTED BY BUS

REIMBURSEMENT REQUESTED (non-permit holders 100% max \$62; permit holders 50% max \$31)

PLEASE LIST ANY CHANGES FROM THE PRIOR MONTH (ADDRESS, WORK LOCATION, WORK HRS, PERMIT PURCHASE/TURNED IN)

SIGNATURE

DATE

My signature below verifies that the information I have provided on this document is true and complete to the best of my knowledge. I have read the Commuter Choice program policies and procedures and agree to the terms. I understand that falsification of any information on my monthly tracking form will result in program disqualification.